

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece		<p>A. Signature X <i>William B. Rhodes</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
		<p>B. Received by (Printed Name) <i>William B. Rhodes</i> C. Date of Delivery <i>12-26-07</i></p>	
		<p>Is address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No Enter delivery address below:</p>	
<p>1. Recipient's Name and Address Larry Nixon Autauga Metro Jail 136 North Court Street Prattville, AL 36067</p>		<p>07CV1105 R0101P</p>	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/></p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7007 1490 0000 0024 7809</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102505-00-1000